

## MEETING INFORMATION

Host: Maryland Department of Health and Mental Hygiene  
Title: Community First Choice (CFC) Implementation Council Meeting  
Purpose: Review CFC Workflow diagram, discuss decision points in the workflow  
Day/Time: Monday, October 15, 2012, 1pm-3pm

## ANNOUNCEMENTS

- Due to technical difficulties, the call-in option is unavailable for this meeting. Participants are encouraged to review meeting notes and send comments or questions to [dhmh.cfc@maryland.gov](mailto:dhmh.cfc@maryland.gov).
- Community First Choice (CFC) Implementation Council nominations closed October 7, 2012. The Department received six applications and will be adding two consumer members to the council after applications are reviewed.
- The next Council Meeting will take place on October 31, 2012 at a time to be announced.

## Work Flow

The Department reviewed the Community First Choice (CFC) workflow chart that describes in detail the underlying themes previously discussed by the council. These include the initial points of contact to begin receiving services, the assessment process, receiving case management/supports planning services, receiving participant-direction training, utilizing a consumer portal to develop/monitor a plan of service, track quality and provide nurse monitoring. Council members asked questions about various elements of this process, highlighted areas of special interest for further discussion, and provided recommendations for the design or implementation of services. These issues are described below.

## Council Member Discussion Points

- Accessing CFC services and initial points of contact
  - The council discussed the use of the Maryland Access Point (MAP) sites as an initial point of contact. MAP staff's ability to receive calls and respond effectively are integral to the foundation of the single entry point. The Money Follows the Person Demonstration is helping fund MAP improvements.
  - The Department noted that the Balancing Incentive Program is working on developing a marketing strategy, effectively training MAP staff and incorporating other agencies into this process. The vision is that anyone in the community will call a MAP site for options counseling on both Medicaid and non-Medicaid services.
    - CFC will be "google-able." People will be able to find out about Maryland's CFC program through the internet, either on the Department or MAP website.
  - A participant may have a "change in status" after a major life event and require a new assessment or a new plan of service. The council will discuss current

definitions and provide input. At present, individuals can request a new assessment at any time or submit a plan of service change request without an assessment. The Department intends to keep these rules “soft” under CFC.

- The council noted that it was necessary to begin outreach for self-direction as soon as possible, including information being available by MAP staff.
- **InterRAI, Assessments, and Quality Control**
  - The interRAI assessment is designed to assist in determining medical eligibility, make recommendations for services and help determine hours. The interRAI will not replace the clinician in the process of developing a medical plan of care. Clinicians have strengths and experiences that help in this process and will not be replaced by a computer program.
  - Delmarva is the Department’s utilization control agent who employs nurses and physicians that review assessments and make determinations on medical eligibility based on Department regulations.
  - Quality indicators for mental health (including regular screening for Alzheimer’s and dementia) were recommended. The council will discuss quality indicators at a future meeting and determine when and where they are conducted.
- **Personal Budget**
  - The council will review services and how each service will be included in the budget at an upcoming meeting. While self-direction will allow a person to set some of their own rates, the base rate still needs to be determined. Also, the discussion of rates is a main part of the collective bargaining agreement between the personal care workers union and the State.
  - The ability for a person to have an incentive to refrain from using their entire budget.
- **Regulations and State Plan Amendment (SPA)**
  - The Department is currently drafting the regulations for the CFC program. Though the draft is nearly complete, some decisions need to be made by the Council before we can move forward with the review process and the SPA.
- **Coordinating Services**
  - Adult Protective Services at the Department of Human Resources (DHR) has recently begun using a new assessment tool that is different from interRAI. The Department will seek to bring DHR into current discussions with the Maryland Department of Aging (MDoA) and Maryland Department of Disabilities (MDOD) to ensure appropriate coordination.
  - Housing and transition services: Securing and advocating for affordable and accessible housing for CFC participants should to be incorporated into CFC.
- **Participant Training**
  - Participant training is a key element of the CFC program. This role is available to anyone that wants more information on self-direction. The Department and MDOD are taking comments and recommendations from the council and incorporating them into a memorandum of understanding to develop advertising on self-direction and conduct trainings.
  - Council members suggested that training could be performed by people who are currently self-directing their services (i.e. peer modeling).

- Self-Direction
  - The Consumer Portal will allow a participant to control their services and view/manage their budget without their case manager. This is optional for people choosing one or more self-direction options and is not mandatory to use.
  - The Council overwhelmingly suggested that information about self-direction should be presented to participants “as soon as possible.” Some models for this include: introductory materials available at all access/entry points or service option changes, inclusion in counseling or discharge discussions.
  - Entities who could assist in informing participants of self-direction options include: nursing facility social workers, hospital discharge planners, case managers, supports planners, peers at MAP sites, MDOD trainers, MAP site staff.
  - The council will discuss the balance between the role of the case manager/supports planner and their ongoing role in the participant’s self-direction training and implementation process.
  - The council will discuss the differences between selecting an agency to provide services and self-direction.
- Timeframes and timelines
  - Each step in the process takes a certain amount of time (e.g., it takes 14 days to get a medical determination). The council will help the Department to set realistic timeframes for each step of the CFC eligibility, assessment, and plan of service authorization process.
- Outreach on self-direction and CFC
  - Throughout the CFC process, a person seeking services will come into contact with multiple service entities (MAP, hospital, nursing facility, local health department, case management). The council will discuss these points of contact and the necessary information for the participant and providers to have in order to transition into programs. Information includes the introduction of Medicaid programs such as CFC and the concept of self-direction.